

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

01-06

2. STATE:

VA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 01, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0.3m

b. FFY 2002 \$ 0.7m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1 A, pp 37-39 of 39.

Attachment 4.19 B, p 9 of 15.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attach 4:19 B, page 9 replaces page 9

Attachment 3.1 A, pp 37-39 replaced

Attachment 4.19 B, p 9 of 15 replaced

10. SUBJECT OF AMENDMENT:

Case Management for IFDDS Waiver Services; Reimbursement for
Case Management for IFDDS Waiver Services.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Secretary Health and Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Eric S. Bell

14. TITLE:

Director

15. DATE SUBMITTED:

6/19/01

16. RETURN TO:

Department of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, Virginia 23219
ATTN: Regulatory Coordinator

17. DATE RECEIVED	6/22/01	18. DATE APPROVED	7/1/01
19. EFFECTIVE DATE OF APPROVED MATERIAL	7/1/01	20. SIGNATURE OF REGIONAL OFFICIAL	Claudette V. Campbell
21. TYPED NAME	CLAUDETTE V CAMPBELL	22. TITLE	ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS	DIVISION OF MEDICAID & STATE OPERATIONS		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

7. Following up and monitoring to assess ongoing progress and ensure services are delivered;
 8. Education and counseling which guides the recipient and develops a supportive relationship that promotes the service plan; and
 9. Benefits counseling.
- E. Qualifications of Providers: In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12 VAC 30-120-730 and 12 VAC 30-120-740, specific provider qualifications are:
1. To qualify as a provider of services through the DMAS for IFDDS waiver support coordination, the service provider must meet these criteria:
 - a. The provider must have the administrative and financial management capacity to meet state and federal requirements;
 - b. The provider must have the ability to document and maintain recipient case records in accordance with state and federal requirements; and
 - c. The provider must be certified as an IFDDS support coordination agency by DMAS.
 2. Providers may bill for Medicaid support coordination only when the services are provided by qualified support coordinators. The support coordinator must possess a combination of developmental disability work experience or relevant education, which indicates that the individual possesses the following knowledge, skills, and abilities, at the entry level. These must be documented or observable in the application form or supporting documentation or in the interview (with appropriate documentation).
 - a. Knowledge of:
 - (1) The definition, causes, and program philosophy of developmental disabilities ;
 - (2) Treatment modalities and intervention techniques, such as behavior management, independent living skills, training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;

TN No. 01-06
Supersedes
TN No. 00-09Approval Date **SEP 5 2001**

Effective Date 07-01-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

- (3) Different types of assessments and their uses in program planning;
 - (4) Recipients' rights;
 - (5) Local service delivery systems, including support services;
 - (6) Types of developmental disability programs and services;
 - (7) Effective oral, written, and interpersonal communication principles and techniques;
 - (8) General principles of record documentation; and
 - (9) The service planning process and the major components of a service plan.
- b. Skills in:
- (1) Interviewing;
 - (2) Negotiating with recipients and service providers;
 - (3) Observing, recording, and reporting behaviors;
 - (4) Identifying and documenting a recipient's needs for resources, services, and other assistance;
 - (5) Identifying services within the established service system to meet the recipient's needs;
 - (6) Coordinating the provision of services by diverse public and private providers;
 - (7) Analyzing and planning for the service needs of developmentally disabled persons;
 - (8) Formulating, writing, and implementing recipient-specific individual service plans to promote goal attainment for recipients with developmental disabilities; and
 - (9) Using assessment tools.
- c. Abilities to:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

- (1) Demonstrate a positive regard for recipients and their families (e.g., treating recipients as individuals, allowing risk taking, avoiding stereotypes of developmentally disabled people, respecting recipients' and families' privacy, believing recipients can grow);
 - (2) Be persistent and remain objective;
 - (3) Work as team member, maintaining effective inter- and intra-agency working relationships;
 - (4) Work independently, performing positive duties under general supervision;
 - (5) Communicate effectively, orally and in writing; and
 - (6) Establish and maintain ongoing supportive relationships.
- F. The State assures that the provision of case management (support coordination) services will not restrict an individual's free choice of providers in violation of §1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of support coordination services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management (support coordination) services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE

E. The single state agency will take whatever measures are necessary to assure appropriate audit of records whenever reimbursement is based on costs of providing care and services, or on a fee-for-service plus cost of materials.

F. Payment for transportation services shall be according to the following table:

TYPE OF SERVICE	PAYMENT METHODOLOGY
Taxi services	Rate set by the single state Agency
Wheelchair van	Rate set by the single state Agency
Nonemergency ambulance	Rate set by the single state Agency
Volunteer drivers	Rate set by the single state Agency
Air ambulance	Rate set by the single state Agency
Mass transit	Rate set by the single state Agency
Transportation agreements	Rate set by the single state Agency
Special emergency transportation	Rate set by the single state Agency

G. Payments for Medicare coinsurance and deductibles for noninstitutional services shall not exceed the allowed charges determined by Medicare in accordance with 42 CFR 447.304(b) less the portion paid by Medicare, other third party payors, and recipient copayment requirements of this Plan. See Supplement 2 for this methodology.

H. Payment for eyeglasses shall be the actual cost of the frames and lenses not to exceed limits set by the single state agency, plus a dispensing fee not to exceed limits set by the single state agency.

I. Expanded prenatal care services to include patient education, homemaker, and nutritional services shall be reimbursed at the lowest of: State Agency fee schedule, Actual Charge, or Medicare (Title XXVIII) allowances.

J. Targeted case management for high-risk pregnant women and infants up to age 2 and for community mental health and mental retardation services, and for individuals who have applied for or are participating in the Individual and Family Developmental Disability Waiver program shall be reimbursed at the lowest of: State Agency fee schedule, Actual Charge, or Medicare (Title XXVIII) allowances.

12 VAC 30-80-111

K. Foster Care (FC) Case Management. The Medicaid agency will reimburse providers for the covered services for FC case management for each eligible child at the daily rate agreed upon between the local Community Policy and Management Team (CPMT) in the locality which is responsible for the child's care and the FC case management provider. This daily rate shall be based upon the intensity of the case management needed by the child and be subject to an upper limit set by the Medicaid agency. DMAS shall pay the lesser of the rate negotiated by the CPMT or the maximum rate established by the Department.

TN No. 01-06
Supersedes
TN No. 99-06

Approval Date SEP 5 2001

Effective Date 07/01/01

HCFA ID: